Provider E-Newsletter

Disclaimer: All information included herein is of an informative nature only. This newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from the Department of Medical Assistance Services (DMAS).

Articles in This Issue

Volume IX

NPI Updates

The NPI is here. The NPI is now. Are you using it?

Using your NPI for Business Transactions

DMAS has adopted the NPI as the standard for identifying all participating providers on all transactions (Automated Response System, Claims, Prior Authorizations), including paper claims, for all DMAS Programs (Medicaid, FAMIS, SLH, and TDO). Participating DMAS providers who are not

defined as health care providers by CMS (http://www.dmas.virginia.gov/npi-home_page.htm) and therefore ineligible to obtain an NPI will be issued a Virginia Medicaid specific API (Atypical Provider Identifier) that will be used in the same manner as an NPI.

Upcoming NPI NEWS

Please visit the DMAS website frequently for updates and questions concerning NPI at http://www.dmas.virginia.gov/npi-home_page.htm. As we approach the final phase of NPI, it is more critical than ever you remain vigilantly connected to ensure that there is no disruption in your cash flow. If you have NPI/API questions that are not otherwise answered on our site, please feel free to e-mail us at NPI@dmas.virginia.gov.

Getting and sharing an NPI is free……
not using it can be costly.

Discontinuation of Legacy Automated Response System (ARS) Access

DMAS has implemented a new Automated Response System (ARS) web portal called the User Administrative Console (UAC) on February 19, 2007. The UAC is an application that allows the provider to assign a Delegated Administrator for its office or facility. The UAC can then enable access to anyone in the provider's office or facility with a business need to access ARS information on the provider's behalf.

Effective December 3, 2007, access to the ARS will only be available through the new web-based UAC. Current ARS users that have not transitioned to the new web-based UAC will not be able to access the ARS after December 2, 2007. ARS users can continue to access information using their Legacy ID or their new National Provider Identifier (NPI) until DMAS mandates the use of NPI on all transactions. DMAS will provide notice prior to the mandated use of NPI's on all Virginia Medicaid transactions.

If you have not already registered for the UAC, please do so immediately so you may continue utilizing ARS functionality for real-time inquiry options such as recipient eligibility verification; two years of claim status, check status, and prior

authorization status. Register now by navigating to https://virginia.fhsc.com on your Internet browser. Select the "ARS" tab and then choose "Secure Login" from the menu and follow the instructions to register with the UAC. You may contact the First Health Services Web Support Call Center at 1-800-241-8726 if you have any questions or problems regarding the new UAC registration process.

DMAS is conducting multiple web-based Q&A sessions on how to register for the new User Administration Console. Visit the DMAS Learning Network at http://www.dmas.virginia.gov for additional details on the new WebEx web-based training as well as other DMAS training opportunities.

Helpful Billing Tips

DMAS has received numerous inquiries related to submitting secondary Medicare claims directly from the provider. DMAS encourages providers to submit electronic claims and the following information may be beneficial.

- For 837 I claims, send the claim as if it were a Medicaid claim (2000B current payer loop is Virginia Medicaid) and send the other payer information (i.e., Medicare) in the 2320 other payer loop. The AMT segments in the Medicare2320 other payer loop are used to report Medicare adjudication results. If the claim was adjudicated at the claim level then claim level CAS segments should be used to report Medicare coinsurance and deductible amounts. If the claim was adjudicated at the service line level then use the service line level CAS segments. CAS segment amounts may be reported at the claim level or service line level but not both.

- For 837 P claims, send the claim as if it were a Medicaid claim (2000B current payer loop is Virginia Medicaid) and send the other payer information (i.e.,Medicare) in the 2320 other payer loop. The AMT segments in the Medicare 2320 other payer loop are used to report Medicare adjudication results. Professional claims adjudication information should be sent at the 2430 service line level. CAS segments should be reported at the service line level because each line will be processed as a separate claim by Virginia Medicaid.

- The National Drug Code (NDC) must be on the Medicare electronic (837P) claims that contain J-code(s). DMAS will deny claims that do not contain the NDC. Medicare has confirmed that they will sent the NDC if the

provider has it on the Medicare claim. To assist providers the following billing information is provided. The J-code procedure is identified in SV101-2 of the SV1 segment in the 2400 loop (Service Line). An NDC must be sent in the LIN segment in the 2410 loop to supplement a 'J' procedure code. Use 'N4' in LIN02, and the NDC in LIN03.

Refer to the applicable 837 Implementation Guide and Virginia Medicaid 837 Companion Guide (https://virginia.fhsc.com/hipaa/CompanionGuides.asp) for more information.

EPSDT Update

The Early Periodic Screening Diagnosis and Treatment (EPSDT) program recently clarified how to bill for developmental screenings and lead testing during an EPSDT visit. Please refer to the August 23, 2007 Medicaid Memo for more detailed guidance on being reimbursed for all components of an EPSDT screening. A provider may bill for Vision, Hearing and Developmental screenings when administered on the same date as an EPSDT screening. Lead testing requirements and claims processes are clarified in the memo dated March 24, 2006.

New Children's Mental Health Waiver

DMAS is developing a waiver for children who reside in a Psychiatric Residential Treatment Facility (PRTF). The CMH Waiver is for children under 21 years of age, who have been in a PRTF for at least 90 days and who will remain eligible for Medicaid after they leave the PRTF. This waiver will offer eight critical services to support the individual in their community: respite (consumer-directed and agency-directed), companion care (consumer-directed and agency-directed), in-home residential support services, Family/Caregiver Training, Therapeutic Consultation, Environmental Modifications, Transition Coordination and Service Facilitation. Please visit http://www.dmas.virginia.gov/ch-home.htm for further information.